AMEN	NDMENT :	ΓRANSMI	TTAL LE	TTER	Docket No 3273-0184		
Application No. 10/785,982-Conf. #2642		Filing Date February 26, 2004		Examin T. V. O	1	Art Unit 1625	
pplicant(s): Yas	······································		20, 2004	1. V. O	11 10	020	
vention: PROCI			MATIC CAR	BOXYLIC ACIDS	}		
1S Amendment			······································				
commissioner for CO. Box 1450 Llexandria, VA 223							
Transmitted here				• •			
The fee has beer	n calculated an	d is transmitte	d as shown b	elow.			
	01-1	·	S AS AMENI	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	4	- 20 =	0	x 50.00	0.00	)	
Independent Claims	1	- 3 =	0	x 200.00	0.00	)	
Multiple Depend	lent Claims (ch	eck if applicabl	e)	· · · · · · · · · · · · · · · · · · ·			
Other fee (pleas	e specify):		<u> </u>				
TOTAL ADDIT		OR THIS AME	NDMENT:		0.00	)	
x Large Entity Small Entity							
x No additiona	al fee is require	d for this amer	ndment.	L	•		
Please char	ge Deposit Acc	ount No.	ir	the amount of \$	i		
	copy of this she	******			Web Miles	-	
A check in the	ne amount of \$		is enclos	sed.			
Dowmant bu	credit card. Fo	orm PTO-2038	is attached.				
гауппепи ву	ic horoby outh	orized to char	ge and credit	Deposit Account	No. 02-2448		
X The Director	d below. A dup			nclosed.			
X The Director as described		licate copy of		nclosed.			
X The Director as described X Credit an	d below. A dup ny overpaymer	licate copy of a	this sheet is e		er 37 CFR 1.16 and 1	.17.	
X The Director as described X Credit an	d below. A dup ny overpaymer any additional fil	licate copy of a	this sheet is e	ees required unde			
X The Director as described X Credit an	d below. A dup ny overpaymer any additional fil ewart	olicate copy of the copy of th	this sheet is e		er 37 CFR 1.16 and 1 October 10, 2006		